Committee on Vital and Health Statistics Data Standards and Security Subcommittee December 14, 2001

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Committee on Vital and Health Statistics Data Standards and Security Subcommittee

- 1. Ongoing CDC and public health activites
- National Electronic Disease Surveillance System initiative and use of standards
- 3. Implications of October 4th and subsequent BT attacks for public health
 - clinical systems data exchange



Committee on Vital and Health Statistics Data Standards and Security Subcommittee

- Public health needs timely access to well structured care data - PMRI standards
- National Center for Health Statistics (NCHS) population health data
- CDC's missions to protect the public by:
 - minimizing infectious, chronic diseases and injury
 - preventing environmental exposures and workplace injuries
 - promoting healthy behaviors
 - will benefit tremendously from interoperable systems (clinical and public health) and more comparable data



Prior to October 4th

- Examples of the benefits of PH use of clinical system data:
 - Electronic Laboratory Reporting (HL7 2.3 Public Health Message with LOINC and SNOMED)
 - HMO data extractions
 - Some hospital specific examples of data exchange
- Offers less provider burden, broader coverage of reportable cases, more data about each case, more timely delivery
- But...
 - Many vocabulary issues
 - Implementations not broadly applicable / exchangeable
 - Further needs for meta data to allow for the descriptive presentation of data for efficient retrieval and analysis



Prior to October 4th

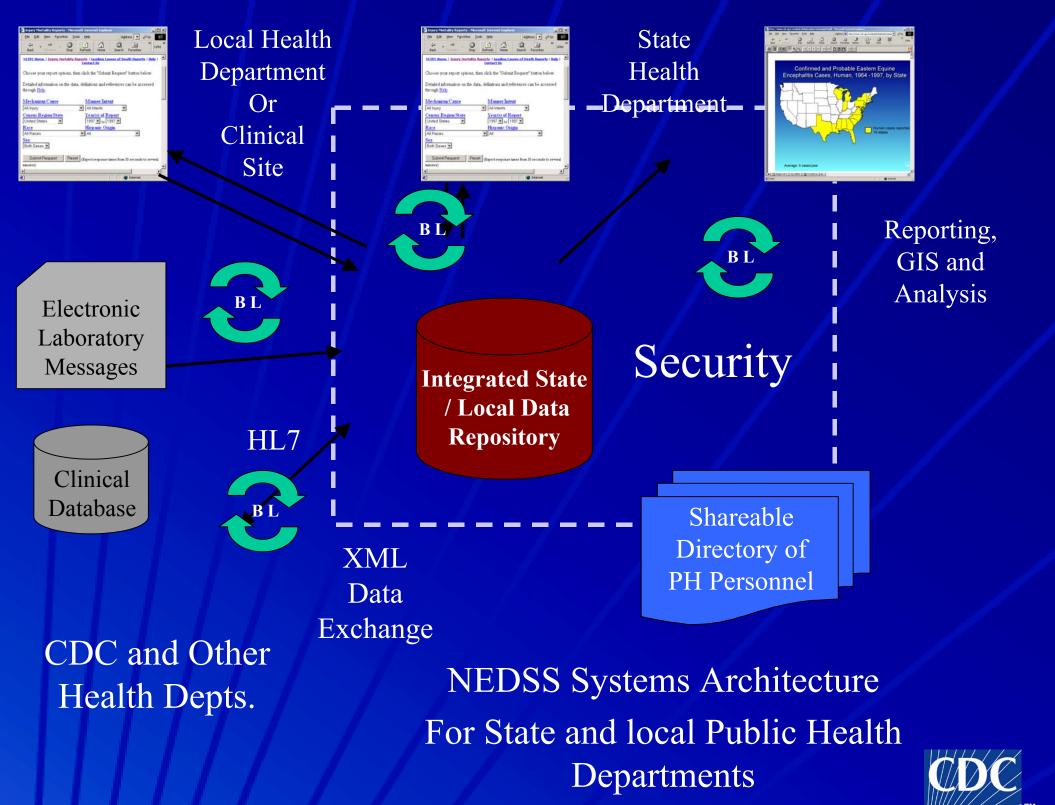
- In process of redeveloping national surveillance infrastructure -> National Electronic Disease Surveillance System (NEDSS)
- Not "a software system", but a vision and a process to:
 - Integrate diverse PH systems many program stovepipes
 - 2. Connect to clinical data systems
 - Use and promote national standards for data and systems
- Systems architecture, specific use of national data standards
- Funding for 50 states and several large municipalities



National Electronic Disease Surveillance System (NEDSS)

NEDSS Use of National Data Standards

- HL7 2.3 public health lab message
- HL7 Reference Information Model and supplement of Public Health Conceptual Data Model
 - data storage
 - messaging
- HL7 Version 3.0 Public Health Notification messages
- Commitment to participate with PH partners in SDO's
- LOINC, SNOMED, ICD and others (North American Industry Classification System (NAICS), the Bureau of Labor Statistics Standard Occupational Class (SOC) codes, and various ISO codes)



Prior to October 4th

Bioterrorism surveillance

- Investigation of Bioterrorism surveillance
- "Heightened" manual data entry in ED's around major events
- Some syndromic data with follow-up
- Multi-data source clinical, drug, OTC, absenteeism, 911 calls, etc.
- BT infrastructure should not be separate from non-BT



October 4th

- Anthrax attack was not executed as many expected, many lessons learned
 - Single case
 - Focal, not disseminated
 - Acute clinician
 - Single case
 - Identification was not syndromic
- Major CDC response
 - Suspect case management
 - Heightened surveillance
 - Adverse events from prophylaxis
 - Mail handling protocols



After October 4th

- Bioterrorism detection is still investigational
- Needs for case data management exchange and communication are not
- Increased priority / opportunity to get clinical data
 - Demographic data
 - Presenting complaint and syndromic data
 - Laboratory order and diagnostic study requests and results
 - Admission and discharge data
 - Utilization data
 - Other clinical data
- Clinical community and vendors expressing interest in helping



After October 4th

NEDSS Architecture:

Secure, inter-organizational exchange of Public Health data using Internet transport

- HL7 2.3 and version 3.0 messages
- ebXML (now OASIS managed) wrapper
- SOAP (Simple Object Access Protocol) web service
- PKI based encryption and HTTPS transport
- Security Assertion Markup Language (SAML)?

Identification of clinical care providers for communications from state, local health departments and federal agencies

- Sharable directories of public health participants, clinical providers
- LDAP
- LDIF



